MASSACHUSETTS STATE RACING COMMISSION



c/o Wonderland Park 190 V.F.W. Parkway Revere, MA 02151 **FAX #** (781) 289-1410 c/o Raynham Park P.O. Box 172 Raynham, MA 02767 **FAX#** (508) 828-3949

FOR OFFICIAL USE	License	
	Receipt NoCash / Check	Inspector
A	Badge	
L USE	Receipt No	

2007

TRAINER \$30*

* Badge fee is an additional \$5.

GREYHOUND RACING LICENSE APPLICATION

Fee must accompany this application. Make check payable to **M.S.R.C.**

			,	
NAME			/	
(Print) Last	Fir	st	Middle	Maiden Name
PERMANENT ADDRESS			SOCIAL SECUR	TY NUMBER - -
	Street		DATE OF BIRTH	
City	State	Zip	_	
PRESENT ADDRESS (If diffe	rent than permanent address)		
	Street		_	GHT HAIR EYES
			PRESENT PHON	I <u>E NUMBER</u>
City PLACE OF BIRTH	State	Zip		
LAGE OF BIRTH			FAX NUMBER	\Box
City	State	Country	_ (
			I	
2. Last previous employer_			from	to
3. Have you been licensed	previously by the Mass	sachusetts State R	acing Commission?	
	Licensed as			_
	Licensed as			-
4. Do you have, or have you				
	Year			
Siale	Year	Licensed as		
5. Are you now or have yo	u been suspended set	down, ruled off or	otherwise debarred fro	m participating in raci
by any racing organization				
elsewhere?				
	ach instance. When		Where	
Why				
· · · · · · · · · · · · · · · · · · ·				
6. Have you ever been arre	-			
It yes, give details of e	each instance			
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	M (G) T- 10/03	
7.	Have you ever been convicted of violating the law?	
	If yes, give details of each instance	Yes
•	Have you ever been convicted by any court of law for illegal possession, sale or distribution of narcotics?	1
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	If yes, give details of each instance	Yes
9.	Are you presently on parole or probation?	
	If yes, give details of each instance	Yes
_		-
0.	Have you ever had any permit or license of any type whatsoever denied, suspended or revoked by any	<u></u>
	Federal, State, or City Agency?	Yes
	If yes, give details of each instance	
		J
	hereby assent and agree, as a condition precedent to receiving of said license to abide by all the Rules of Racing adopted by th Massachusetts State Racing Commission and to accept the decision of racing officials as final on any matter relating to race or racing and that said license may at any time be summarily revoked, cancelled, suspended, or withdrawn. NOTICE: In making this application for a license to participate in racing it is understood that an investigative report may be made whereby informatio is obtained from any criminal records, through personal interviews with third parties such as family members, business associates financial sources, friends neighbors or others with whom you are aquatinted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. NOTICE: In accordance with G.L. C.66A, Section 2(c), I hereby authorize the release of any and all information contained in this application to an body or authority on racing recognized by the Massachusetts Racing Commission. In doing so, I waive whatever rights I may have under G.L. C.66A or regulations promulgated under its provisions concerning the release of information contained in this application to any bod or authority on racing recognized by the Massachusetts State Racing Commission. NOTICE: Section 205 CMR 5.00 Rules of Greyhound Racing Section 5.01. "All licensees are participants are charged with the knowledge of the rules and regulations of this commissions". NOTICE: Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, Have filed all state tax returns and paid all state taxes required under law.	d n s, il a s s
	MASS STATE DOLICE DEVIEWING OFFICED	
	MASS. STATE POLICE REVIEWING OFFICER	
	X	
	Signature	
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	JUDGES RECOMMENDATIONS License applied for expires December 31 st year of issue	4
	SIGNED UNDER THE PENALTY OF PERJURY	
	X	
	Signature of applicant	
	Olgricatio of applicant	II

DATE